Distinct Office State Lease - 4 copies Fee Lease - 3 copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

(e)

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

WELL LOCATION AND ACREAGE DEDICATION PLAT

| Operator  |                                    |   |                      |                                     | Lease                     |                                      |   |            |                | Well No.         | ·                                     |  |
|---|------------------------------------|---|----------------------|-------------------------------------|---------------------------|--------------------------------------|---|------------|----------------|------------------|---------------------------------------|--|
| 1 <b>-</b>  | <b>D</b>                           |   | _                    |                                     | 1                         | /                                    |   |            |                | Well Tar         |                                       |  |
| Texaco Produc   |                                    |   |                      |                                     | Jicarilla 'B'             |                                      |   |            |                | 21               |                                       |  |
| Unit Letter   | Section                            |   | Township             | _                                   | Range                     |                                      |   |            | County         |                  |                                       |  |
| D   |                                    | 2   | 25 No                | rth                                 | 5 W                       | est                                  | 1                                       | MPM        | Rio            | Arriba           |                                       |  |
| Actual Footage Loca   |                                    |   |                      |                                     |                           |                                      |   |            |                |                  |                                       |  |
| 790 <b>'</b>  | feet f                             | rom the No  |                      | line and                            | 790                       |                                      | fee                                     | t from     | the West       |                  |                                       |  |
| Ground level Elev.  |                                    |   | ing Formation        |                                     | Pool                      |                                      |   |            |                | Dedicated A      | Dedicated Acreage:                    |  |
| 6734 DF Dako  |                                    | Dako  |                      |                                     | Basin Dakota              |                                      |   |            |                | 320              | Acres                                 |  |
| 2. If more 3. If more unitizati   | than o<br>than o<br>on, for<br>Yes | ne icase is de<br>ne icase of di<br>ce-pooling, c | No L'a               | outline each and s dedicated to the | identify the c            | whership thereof s interest of all o | (both as to                             | CORRO      | idated by con  |                  | ·                                     |  |
| If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if neccessary.                                 |                                    |   |                      |                                     |                           |                                      |   |            |                |                  |                                       |  |
| this form if necessary.  No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) |                                    |   |                      |                                     |                           |                                      |   |            |                |                  |                                       |  |
| or until a n  | 00-513                             | edard unit. eli                                   | iminating such inter | test, has been ann                  | conscious<br>roved by the | os (oy comenum<br>Division           |   | 221100     | , torces-poor  | ng, or otherwise | ,                                     |  |
| ***********   |                                    |   |                      |                                     |                           |                                      | *************************************** | 31         |                |                  |                                       |  |
| \$  |                                    |   |                      |                                     |                           | •                                    |   | χl         | OPERA?         | TOR CERTIF       | FICATION                              |  |
| 79  | 0'                                 | į   |                      |                                     |                           | į                                    |   |            | ontained here  | - 10             | the information<br>complete to the    |  |
|   |                                    |   |                      |                                     |                           | 1                                    |   |            |                | range and cents  | ·                                     |  |
| 790 -0  |                                    | i   |                      |                                     |                           | i                                    |   | B 2:       | gnature        | 20 211           | . /                                   |  |
|   |                                    | !   |                      | İ                                   |                           | İ                                    |   | ₿⊩         | inted Name     | a. Klu           | 2/2000                                |  |
|   |                                    | - <del> </del>                                    |                      |                                     |                           | ļ                                    |   | <u>B</u> _ | Alan           | A. Kleie         | er_                                   |  |
|   |                                    | •   |                      |                                     |                           | İ                                    |   |            | Tana -         |                  |                                       |  |
|   |                                    | İ   |                      |                                     |                           | j                                    |   | Ç C        | Area           | Manager          | <del></del>                           |  |
|   |                                    | ļ   |                      |                                     |                           |                                      |   |            | Texaco         | o Inc            | · · · · · · · · · · · · · · · · · · · |  |
|   |                                    | i   |                      |                                     |                           | 1                                    |   | D D        | 10-19-         | -90              |                                       |  |
|   |                                    | <u> </u>  | 00000000000          | **********                          |                           |                                      |   |            | SURVEY         | OR CERTIF        | ICATION                               |  |
|   |                                    |   |                      |                                     | *****                     | 1                                    |   |            |                |                  |                                       |  |
|   |                                    |   |                      |                                     |                           |                                      |   |            |                |                  | location shown                        |  |
|   |                                    | İ   |                      |                                     |                           | !<br>                                |   | ac         | tual surveys   | made by me       | or under my                           |  |
|   |                                    | i   |                      |                                     |                           | İ                                    |   |            |                |                  | ne is true and<br>knowledge and       |  |
|   |                                    | İ   |                      |                                     |                           | İ                                    |   |            | lief.          |                  | J                                     |  |
|   |                                    | <u> </u>  |                      |                                     |                           |                                      |   | D.         | Me Surveyed    | ·                |                                       |  |
|   |                                    | i   |                      |                                     |                           |                                      |   | Si         | gnature & Sea  | ıl of            |                                       |  |
|   |                                    | !   |                      |                                     |                           |                                      |   | Pr         | ofessional Sur | veyce            |                                       |  |
|   |                                    |   |                      |                                     |                           |                                      |   |            |                |                  |                                       |  |
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|   |                                    |   |                      |                                     |                           |                                      |   | -          | ruficate No.   |                  |                                       |  |
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